ORIGINAL

FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL

OMB Number: 3235-0076

Expires: January 31, 2009

Estimated average burden hours per response: 4.00

Intentional misstatements or Item 1. Issuer's Identity	omissions of fact coust	itate ledelal cumunal viol	ations, see to 0.3.C. 1001.
Name of Issuer	Previous Name(s)	X None	Entity Type (Select one)
Heron Acquisition Corporation	Frevious (value(s)	X Notice	Corporation
Jurisdiction of Incorporation/Organization			Limited Partnership
Delaware			Limited Liability Company
Year of Incorporation/Organization (Select one) Over Five Years Ago Within Last Five Years (specify year)	2008 Yes	to Be Formed	General Partnership Business Trust Other (Specify)
(If more than one issuer is filing this notice, check t			ttaching Items 1 and 2 Continuation Page(s).
Item 2. Principal Place of Business and	Contact Informat	····	
Street Address 1		Street Address 2	- •
23215 Early Avenue			PPOCESSED
City Sta	te/Province/Country	ZIP/Postal Code	Phone No.
Torrance	ifornia	90505	(310) 326F47B0 1 1 2009
Item 3. Related Persons			THOMSON DELITEDS
Last Name	First Name		Middle Name
Faulkner	Lyndon	· · · · · · · · · · · · · · · · · · ·	J.
Street Address 1		Street Address 2	
c/o Pelican Products, Inc.		23215 Early Avenue	
City State	/Province/Country	ZIP/Postal Code	SEC Mail Processing
Torrance	ornia	90505	Section
Relationship(s): X Executive Officer X Di	rector Promoter		JAN 26 2009
Clarification of Response (if Necessary)			
Item 4. Industry Group (Select one)			www.ington.DC and attaching item 3 commodition page(s).
Agriculture Banking and Financial Services	Energy	Services	Construction REITS & Finance
Commercial Banking	Elect	ric Utilities	Residential
Insurance		gy Conservation	Other Real Estate
Investing Investment Banking		Mining onmental Services	Retailing
Pooled Investment Fund	Oil &		Restaurants
If selecting this industry group, also select one	e fund Othe	r Energy	Technology Computers
type below and answer the question below:	Health C		(Telecommunications
Hedge Fund Private Equity Fund	\subseteq	chnology :h Insurance	Other Technology
Venture Capital Fund	\subseteq	itals & Physcians	Travel
Other Investment Fund		naceuticals	Airlines & Airports
Is the issuer registered as an investment company under the Investment Compa	ny Olike	r Health Care	Lodging & Conventions Tourism & Travel Services
Act of 19407 Yes No	○ Manufac	•	Other Travel
Other Banking & Financial Services	Real Esta	i te mercial	Other



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Item 5. Issuer Size (Select one)		
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	\$	ggregate Net Asset Value Range (for issuer pecifying "hedge" or "other investment" fund in em 4 above)
○ No Revenues	OR "	No Aggregate Net Asset Value
\$1-\$1,000,000		() \$1-\$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
· ·		Over \$100,000,000
Decline to Disclose		O Decline to Disclose
O Not Applicable		Not Applicable
Item 6. Federal Exemptions and Exclusions Cla	imed (Selec	all that apply)
	nvestment Compan	y Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c)(4	Section 3(c)(12)
Rule 505		
X Rule 506	Section 3(c)(6)	
Securities Act Section 4(6)	Section 3(c)(7)	1 36600113(6)(14)
Item 7. Type of Filing		,
New Notice OR	nt	
Date of First Sale In this Offering: December 23, 2008	OR 🗌 Fir	st Sale Yet to Occur
<u> </u>		
Item 8. Duration of Offering		
Does the issuer intend this offering to last more than	one year?	Yes X No
Item 9. Type(s) of Securities Offered (Select	all that apply)	
⊠ Equity	Pooled Inv	estment Fund Interests
☐ Debt	☐ Tenant-in-	Common Securities
	Mineral Pr	pperty Securities
Option, Warrant or Other Right to Acquire Another Security	Other (Des	cribe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		
Item 10. Business Combination Transaction		
Is this offering being made in connection with a busing transaction, such as a merger, acquisition or exchange offer.		∑ Yes ☐ No
Clarification of Response (if Necessary)		

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Item 11. Minimum Investment			<u>.</u>	· · · · · · · · · · · · · · · · · · ·
Minimum investment accepted from a	ny outside investor \$	N/A		
Item 12. Sales Compensation				
Recipient		Recipient CRD Number		
]		☐ No CRD Number
Associated) Broker or Dealer	None	(Associated) Broker or D	ealer CRD Nu	ımber
				☐ No CRD Number
Street Address 1	· · · · · · · · · · · · · · · · · · ·	Street Address 2	·····	
<u></u>		710/0		·
City	State/Province	e/Country ZIP/Postal C	ode	
States of Solicitation All States				
AL	CA CO	CT		WI WY PR
		tion by checking this box [and attac	hing Item 12 Continuation Page(
Item 13. Offering and Sales An	Tounts		·	
(a) Total Offering Amount	\$ 174,581,139.02		OR	Indefinite
(b) Total Amount Sold	\$ 174,581,139.02		<u> </u>	
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	\$ 0		OR	Indefinite
Cumation of response (in recognity)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Item 14. Investors				
Check this box if securities in the offinimeter of such non-accredited investor	ering have been or may be rs who already have investo	sold to persons who do no ed in the offering:	t qualify as a	ccredited investors, and enter the
Enter the total number of investors who	already have invested in t	he offering:		
Item 15. Sales Commissions a	nd Finders' Fees Ex	penses		•
Provide separately the amounts of sales check the box next to the amount.	commissions and finders'	fees expenses, if any. If an	amount is no	ot known, provide an estimate a
		Sales Commissions \$		Estimate
Clarification of Response (if Necessary)		Finders' Fees \$		Estimate

number.

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Item 16. Use of Proceeds		
Provide the amount of the gross proceeds of the offering that has been or used for payments to any of the persons required to be named as directors or promoters in response to item 3 above. If the amount is unlessimate and check the box next to the amount.	executive officers, \$	☐ Estimate
Clarification of Response (if Necessary)		
Signature and Submission		
Please verify the information you have entered and review the	Terms of Submission below before signing and	submitting this notice.
Terms of Submission. In Submitting this notice, each in	dentified issuer is:	
Notifying the SEC and/or each State in which this not undertaking to furnish them, upon written request, in according freevocably appointing each of the Secretary of the State in which the issuer maintains its principal place of be process, and agreeing that these persons may accept service such service may be made by registered or certified mail, in an against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Exch Company Act of 1940, or the Investment Advisers Act of 1940, State in which the issuer maintains its principal place of busing Certifying that, if the issuer is claiming a Rule 505 exthe reasons stated in Rule 505(b)(2)(iii). *This undertaking does not affect any limits Section 102(a) of the National State 3416 (Oct. 11, 1996)) imposes on the ability of States to require	since with applicable law, the information furnish SEC and the Securities Administrator or other legusiness and any State in which this notice is filed on its behalf, of any notice, process or pleading, my Federal or state action, administrative procee e United States, if the action, proceeding or arbit e subject of this notice, and (b) is founded, direct ange Act of 1934, the Trust Indenture Act of 1931, or any rule or regulation under any of these states ess or any State in which this notice is filed. emption, the issuer is not disqualified from relying tional Securities Markets Improvement Act of 1996 (*No.)	ned to offerees. Pally designated officer of last its agents for service of and further agreeing that ding, or arbitration brought tration (a) arises out of any dy or indirectly, upon the 19, the Investment tutes; or (ii) the laws of the laws of the laws of the laws on Rule 505 for one of listing and public to the laws of the laws of the laws of the laws on Rule 505 for one of listing and Rule 505 for one of li
covered securities for purposes of NSMIA, whether in all instances or routinely require offering materials under this undertaking or otherw so under NSMIA's preservation of their anti-fraud authority.	r due to the nature of the offering that is the subject of	of this Form D, States cannot
Each identified issuer has read this notice, knows the contents undersigned duly authorized person. (Check this box and in Item 1 above but not represented by signer below.)	to be true, and has duly caused this notice to b d attach Signature Continuation Pages for signa	
lssuer(s)	Name of Signer	
Heron Acquisition Corporation	Donald E. Jordan	
Signature	Title	
WEXOUR	Chief Financial Officer	
		Date
Number of continuation pages attached:		January <u>1</u> 2009
Persons who respond to the collection of information contained in t	his form are not required to respond unless the for	m dienlaue a currenth valid OIA

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name Jordan Donald Street Address 2 Street Address 1 23215 Early Avenue c/o Pelican Products, Inc. State/Province/Country ZIP/Postal Code City CA 90505 Torrance X Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Last Name Middle Name First Name Padian John Street Address 2 Street Address 1 c/o Pelican Products, Inc. 23215 Early Avenue City State/Province/Country ZIP/Postal Code CA 90505 Torrance Relationship(s): Clarification of Response (if Necessary) Last Name Middle Name First Name Street Address 2 Street Address 1 City State/Province/Country ZIP/Postal Code Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Last Name Middle Name First Name Street Address 1 Street Address 2 State/Province/Country City ZIP/Postal Code Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary)

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